

COMMUNITY FOODBANK OF NJ PARTNERSHIP APPLICATION

PLEASE CHECK ONE
<input type="checkbox"/> New Application
<input type="checkbox"/> Re-Application
<input type="checkbox"/> Additional Program

AGENCY ID# _____

DATE _____

NAME OF ORGANIZATION _____

ADDRESS _____
(Location) STREET

CITY COUNTY STATE ZIP

ADDRESS _____
(Mailing Address if Different) STREET CITY ZIP

NUMBER OF YEARS AT ABOVE ADDRESS _____ TELEPHONE (____) _____

FAX (____) _____ EMAIL _____

DIRECTOR OF ORGANIZATION _____

TITLE _____ TELEPHONE (____) _____

FOOD PROGRAM DIRECTOR _____

TITLE _____ TELEPHONE(____) _____

IS YOUR AGENCY AN AFFILIATE OF A LARGER ORGANIZATION? YES _____ NO _____ IF YES:

NAME AND ADDRESS OF ORGANIZATION _____

STREET CITY STATE ZIP

TELEPHONE (____) _____

THE FOLLOWING REQUIREMENTS MUST BE MET BY ALL APPLICANTS

1. A valid **501(c)(3)** authorization letter issued by the Federal Internal Revenue Service. (See sample)
2. Proof that your organization has been operating an established food or service program for the last 3 months.
3. Regular days and hours of operation.
4. Adequate on site clean, secure and rodent free storage space (dry, refrigerated, and frozen if required).
5. A valid checking account in the name of the organization.
6. Staff must be trained in food safety and handling.
7. Programs that **prepare and serve** meals on site must possess a current health certificate.
(Please provide copies of all documents).
8. A letter describing your program and guidelines used to determine individual and/or family eligibility for food assistance, and how FoodBank membership will help your program.

CIRCLE LETTER(S) WHICH CORRESPOND TO YOUR AGENCY

- A. EMERGENCY PANTRY
- B. SOUP KITCHEN
- C. SHELTER
- D. ON-SITE RESIDENTIAL/REHAB
- E. DAY CARE/CHILDREN
- F. SENIOR PROGRAM/DAY CARE
- G. CAMPS/AFTER SCHOOL
- H. ALL OTHERS _____

1. Do you operate from more than one location? Yes____ No____
 2. If so please list location(s) and address(es) for each program: _____
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COMMUNITY INVOLVEMENT

1. Does your program utilize volunteers? Yes____ No____
- 2a. Does your program interact with other programs in your community? Yes____No__
- 2b. If yes please list: _____
3. How is the community made aware of the existence of your program?

4. Are there written and posted guidelines for providing and refusing service to potential recipients? Yes____ No____
5. Percentage of clients served who are low income? _____

CATEGORIZATION (MUST CHECK ONE)

- | Code | Description |
|-----------------------------------|---|
| <input type="checkbox"/> BGCLUB | Boys and Girls Club |
| <input type="checkbox"/> CAP | Community Action Program |
| <input type="checkbox"/> FBANP | Faith-Based or Religion-Affiliated Non-Profit |
| <input type="checkbox"/> GOVT | Governmental |
| <input type="checkbox"/> OTHER | Other |
| <input type="checkbox"/> OTHERNP | Other Private Non-Profit |
| <input type="checkbox"/> REDCROSS | Red Cross |
| <input type="checkbox"/> SALARMY | Salvation Army |
| <input type="checkbox"/> UW | United Way |

TRANSPORTATION INFORMATION

1. Please describe vehicle(s) to be used to pick-up orders: _____

2. Will you have adequate staff to help load the orders? Yes____ No____

REFERRAL INFORMATION

We are sometimes contacted by (1) donors searching for someone to accept referrals, (2) needy clients from your area, or (3) the press looking for someone to interview. Can we refer them to your organization should the occasion arise?

(1) Yes____ No____ (2)Yes____ No____ (3)Yes____ No____

To whom should they be referred? _____

Phone number where they can be reached? _____

ACCOUNTING INFORMATION

1. Name of organization's bank _____

ONLY ORGANIZATION CHECKS WILL BE ACCEPTED

2. Branch address _____

STREET

CITY

STATE

ZIP

3. Checking account number _____

4. Authorized check signers 1. _____

2. _____

FEES/SUBSIDIES INFORMATION

1. How is your food program funded? (PLEASE BE SPECIFIC) _____

2. What is you annual food budget? _____

3. What percentage of your food is from the Community FoodBank? _____% Direct purchase? _____%
Donations? _____% Other sources? _____% Please list other sources

4. Do you share food or other resources with any other group? Yes _____ No _____

If yes, please list names and addresses _____

PROGRAM/FOODBANK HISTORY

1. How did you hear about the FoodBank? (PLEASE BE SPECIFIC) _____

2. Has your program ever been a member of the FoodBank before? Yes _____ No _____

If yes, please provide dates and any other relevant information: _____

3. Have you or anyone from your staff ever been affiliated with the FoodBank? Yes _____ No _____

If yes, please give details: _____

PARTNER AGENCY AGREEMENT

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NAME OF AGENCY

1. Your partner agency will be a tax-exempt organization as described in section 501(c)(3) of the Internal Revenue code. The below signed agency will maintain their 501(c)(3) status as an organization serving the ill, the needy or infants. (A copy of the 501(c)(3) letter of approval must be attached). Should the partner agencies status change – we must be notified (in writing) immediately.
2. The below listed agency is seeking partnership to obtain donated food products and non food products for one purpose – to be freely given to needy clients regardless of race, color religion, national origin, sex, or any other protected class according to state and federal law.
3. **Your partner agency recognizes that no fee of any kind can be demanded or coerced in connection with CFBNJ food and non food products.** Your partner agency will **not** sell food or non-food products, exchange food or non-food products for services.
4. Agencies must have at least one representative trained and possess a food handler’s certificate. Food safety training may be offered through your local township Health Department. Community FoodBank also offers safety training, but partnership will not be granted until training is received.
5. **Products cannot be transferred to another site (domestic or foreign), or another organization without the expressed written consent of the Vice President of Program Services of the Community Food Bank of NJ.**
6. Your partner agency will provide appropriate storage for food, based the nature of the various food product. **Must have adequate dry, refrigerated, and frozen storage space for amount of food ordered from CFBNJ.**
7. Your partner agency will have an established location and days and hours of operation. Emergency food pantries must have a formal system in place to respond to emergency requests for food within 24 hours. Emergency food pantries and soup kitchens **must have hours of operation posted visibly outside the facility.**
8. Your partner agency will notify the Community FoodBank of NJ in writing prior to any change of location or hours of operation for approval. Changes to leadership and loss of essential services need to be communicated immediately as well.

9. Your partner agency will not use food in a manner that requires clients to participate in a religious service or activity in order to receive food. Agency will not solicit or require clients to be members of a religious organization in order to receive food. Agency will not require clients to make a financial contribution in the form of a collection or any other “donation” in order to receive food.

10. Emergency food pantries will keep records on site for 2 years and available to the Community FoodBank staff, Feeding America, NJDA and/or food company representative with the following information:

- i. Date
- ii. Name of client
- iii. Address
- iv. If referred, name of referral agency

11. Our partner agencies will have all purchase forms/invoices **maintained on site for two years.** Said purchase records must be made available for review by the Community FoodBank of NJ at any time.

12. Use of food by staff is also not permitted, unless staff is on duty. Products should not be provided to staff for personal use. (This is applicable to group homes, shelters and paid staff)

13. Will assume responsibility for food use once removed from the warehouse. This includes checking your order before leaving the warehouse and being able to account for product until distribution to the client. Agencies are responsible to load their own vehicles.

14. Must be conscious of the needs of other partner agencies and not order more than a 30-day supply.

15. Will not use food or non-food products for purposes other than the ***approved program*** without written permission from the FoodBank. Separate records and reports must be kept for each program.

16. Will agree to support the operation of the Community FoodBank with the shared maintenance/contribution fee.

17. Will agree to attend required agency meetings and participate in research studies as asked of CFBNJ.

18. Will agree to a site monitoring visit and allow access to CFBNJ representatives to ensure compliance with CFBNJ and Feeding America Operational Requirements. Note: visits may be scheduled or unscheduled.

19. The below signed agency recognizes that partnership is a privilege, that partnership can and will be revoked should any information contained within this application be found untrue, that partnership can and will be revoked should any terms of this or any other agreement be violated.

THE BELOW SIGNED AGENCY HAS READ THIS AGENCY PARTNERSHIP AGREEMENT AND FULLY UNDERSTANDS THAT PARTNERSHIP IS CONDITIONAL UPON THE ACCEPTANCE OF SAID TERMS OF AGREEMENT.

TO THE BEST OF MY KNOWLEDGE THE INFORMATION GIVEN IN THIS APPLICATION IS ACCURATE AND UP TO DATE. I AGREE TO ABIDE BY THE REGULATIONS IN THE PARTNER AGENCY AGREEMENT, A COPY OF WHICH I HAVE READ AND SIGNED. I UNDERSTAND PARTNERSHIP CAN BE REVOKED AT ANY TIME IF WE FAIL TO COMPLY WITH THE STANDARDS SET FORTH BY THE COMMUNITY FOODBANK. I HEREBY STATE THE AGENCY I REPRESENT IS A PRIVATE, NONPROFIT ORGANIZATION FEEDING THE ILL, NEEDY OR INFANTS.

PRINTED NAME OF ORGANIZATION DIRECTOR

DATE

SIGNATURE OF ORGANIZATION DIRECTOR

**PLEASE RETURN COMPLETED APPLICATION AND PROPER DOCUMENTATION TO:
COMMUNITY FOODBANK OF NEW JERSEY
31 EVANS TERMINAL ROAD
HILLSIDE, NJ 07205**

PARTNER AGENCY FOOD RECEIPT AND DISTRIBUTION AGREEMENT

The undersigned authorized agent of _____
NAME OF AGENCY

Hereby agrees that during active partnership he/she will receive assorted foods and grocery products from the Community FoodBank of NJ. Said agent further agrees that the above-described food will be duly inspected upon receipt and at the time of distribution and found to be fit for human consumption. It is further agreed:

1. The food is ACCEPTED "**AS IS.**"
2. The Community FoodBank of NJ, Feeding America and the original donor expressly disclaim any implied warranties of merchantability or fitness for particular use.
3. Understanding and abiding by the IRS Code 170 (e)(3) which stipulates that:
 - a. Donated product will be distributed to only qualified organizations that meet the IRS Code 170 (e) (3) guidelines.
 - b. The donated product will be distributed to only those who qualify under IRS Code 170 (e) (3) guidelines (ill, needy or needy infants/children).
 - c. Donated product will not be sold, traded or bartered.
4. Said agency releases both the original donor, the Community FoodBank and Feeding America from liability resulting from the condition of donated food, in accordance with New Jersey Law. Further, the agency agrees to indemnify and hold The Community FoodBank of NJ, Feeding America and the original donor free and harmless against any and all liabilities, damages, losses, claims, causes of action, suits of law or equity, or any obligation whatsoever arising out of, or attributed to, any action of said agency or any personnel employed by said agency in connection with its storage and use of the donated food.
5. Agencies must have at least one representative trained and possess a food handler's certificate.
6. Agency must be willing to adhere to any additional donor stipulations regarding the receipt, storage and distribution of their products.
7. Agencies will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, including gender identity, unfavorable discharge from military or status as a protected veteran.
8. All acceptable food will be stored in a manner that is appropriate, given the nature of the various food products. The agency agrees to comply with all local, state and federal regulations and ordinances concerning the storage, preparation, and distribution of food. **The partner agency must not repackage bulk food.**
9. Said agency agrees to immediately notify the Community FoodBank of NJ of any food that may not be fit for human consumption.

 PRINTED NAME OF AGENCY DIRECTOR

 SIGNATURE OF AGENCY DIRECTOR

 DATE